

DANNEVIRKE CAR CLUB (INCORPORATED)
P O BOX 74
DANNEVIRKE 4972



MEMBERSHIP APPLICATION / RENEWAL FORM TO 30TH JUNE 2024
(Due from 1st July 2023)

Subscriptions: \$40 single membership, plus \$10 per extra family member
Please pay online to **Westpac Bank 03-0614-0580089-00** with surname as reference.

<p>Member 1: (Please print name in full)</p> <p>AGE: Under 19: 19-25: 26-35: 36-60: 61 plus (Please circle one)</p>	<p>Contact Details:</p> <ul style="list-style-type: none"> • Cell • Email • Postal Address 	<p>@ \$40.00</p>
<p>Member 2: (Please print name in full)</p> <p>AGE: Under 19: 19-25: 26-35: 36-60: 61 plus (Please circle one)</p>	<p>Contact Details:</p> <ul style="list-style-type: none"> • Cell • Email • Postal Address 	<p>@ \$10.00</p>
<p>Member 3: (Please print name in full)</p> <p>AGE: Under 19: 19-25: 26-35: 36-60: 61 plus (Please circle one)</p>	<p>Contact Details:</p> <ul style="list-style-type: none"> • Cell • Email • Postal Address 	<p>@ \$10.00</p>
<p>Member 4: (Please print name in full)</p> <p>AGE: Under 19: 19-25: 26-35: 36-60: 61 plus (Please circle one)</p>	<p>Contact Details:</p> <ul style="list-style-type: none"> • Cell • Email • Postal Address 	<p>@ \$10.00</p>

PLEASE INDICATE THE CLUB ACTIVITIES THAT YOU WOULD LIKE TO PARTICIPATE IN OR HELP AT:

MOTORKHANAS AUTOCROSS SOCIAL HILLCLIMBS
SPRINTS (GRAVEL or SEAL) RALLYSPRINTS

CONSENT UNDER THE PRIVACY ACT 2020

I, _____ (Print Your Name in Full)

Consent to the Dannevirke Car Club (Incorporated) collecting the details as provided, retaining and using these details for the purpose of keeping me informed of the Clubs activities and administration. I acknowledge my right to have access to this information and will advise the Dannevirke Car Club (Incorporated) if there are any changes to the above details. This consent is given in accordance with the Privacy Act 1993.

By filling out and sending application form in via post or email (dannevirkecarclub@gmail.com) and making payment it is considered that you consent.

Signature of Member: _____ Date: _____

Membership Number: _____ Date Paid: _____ Cash / Cheque / Direct Credit \$ _____

Card Issued: _____